IDAHO DEPARTMENT OF CORRECTION Visiting Application (Minor Child)

Offender's Name:	IDOC Number:	Unit:
Is this a renewal application? ☐ Yes ☐ No		
Child's name:	Date of birth:	SSN:
Relationship to the offender:		
In the legal and physical custody of: Both natural parents Mother Father		
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Relationship to the offender:		
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Relationship to the offender:		
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Child's name:	Date of birth:	SSN:
Relationship to the offender:		
In the legal and physical custody of: Both natural parents Mother Father		
Mother's name (or legal guardian):Address:		
Father's name (or legal guardian):	(Non-custodial Parent's signature)	- - give my consent for the
above named minor children to visit,, an offender sentenced to the Idaho Department of Correction (IDOC).		
State of		
County of		
On this _ day of, 20, personally appeared before me		
, known to me to be the person whose name is subscribed to the (Name of affiant)		
foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.		
Nota	ry Public for Idaho	
	ding at	, Idaho
	mission expires:	

Instruction: If the applicant is under 18 years of age, the parent or guardian accompanying the child on the visit must also submit the following: (1) appendix B, *Visiting Application (Adult)*, and (2) a certified copy of the child's birth certificate. In addition, **Guardians** must also submit a copy of the court order granting legal guardianship (or appendix D, *Power of Attorney Delegating Limited Powers for Visitation*). All applications will expire one year (prison facilities) **or** two years (CWCs) from the date submitted. A minor child's application, after the initial approval, will expire on the minor's 16th birthday, unless terminated earlier by the facility head (or designee), minor, **or** parent/guardian. Each applicant is responsible for re-submitting a new updated application within these timeframes.